

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

June 18, 2014

9:30 am – 11:30 am

AGENDA

I Welcome and Introductions	Bertrand Levesque
II Review of the Minutes	Bertrand Levesque
III QI/QA D'Veal Process	Nancy Uberto/Lihn Hua
III Change of Provider Report	Bertrand Levesque

Quality Improvement

I Patient Right Office	Bertrand Levesque
II Test Calls	Bertrand Levesque
III Meds. Parameter	Bertrand Levesque
IV Policy Updates	Bertrand Levesque
V Access Center	Bertrand Levesque

Quality Assurance Liaison Meeting

I State Audit	Bertrand Levesque
II Documentation Training	Bertrand Levesque
III COS, MAA AND TCM	Bertrand Levesque
IV Electronic Signature	Bertrand Levesque
V Certification Bulletin	Bertrand Levesque
VI Plan Development Bulletin	Bertrand Levesque
VII QA Division Updates	Bertrand Levesque

Other Issues

Next meeting is July 16, 2014 (there was an error on the yearly scheduled
I distributed)

I Announcements	All
II Adjournment	Bertrand Levesque

**Next Meeting: July 16, 2014 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 3
Quality Improvement Committee Meeting
June 18, 2014

<i>Misty Aronoff</i>	<i>Alma</i>	<i>Stella Tam</i>	<i>Heritage Clinic</i>
<i>Judy Law</i>	<i>Alma</i>	<i>Ari Winata</i>	<i>Hillsides</i>
<i>Susan Lam</i>	<i>Almanson</i>	<i>Kevin Minor</i>	<i>Homes for Life</i>
<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Poonam Natha</i>	<i>Leroy Haynes Center</i>
<i>Lucia Lopez-Plunkett</i>	<i>Bienvenidos</i>	<i>Karla Martinez</i>	<i>Maryvale</i>
<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Nicole Unrein</i>	<i>Pacific Clinics</i>
<i>Erin Grierson</i>	<i>Crittenton</i>	<i>D. Chavez</i>	<i>Prototypes I-CAN</i>
<i>Paula Randle</i>	<i>David & Margaret</i>	<i>Elaine Lomas</i>	<i>PUSD</i>
<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Tracy Alvarez</i>	<i>Rosemary</i>
<i>Greg Tchakmakjian</i>	<i>DMH</i>	<i>Diana Scott</i>	<i>Rosemary</i>
<i>Mary Crosby</i>	<i>DMH</i>	<i>Kesica Middleton</i>	<i>Rosemary</i>
<i>Shirley Robin</i>	<i>DMH</i>	<i>Crystal Chavez</i>	<i>Rosemary</i>
<i>Elizabeth Ceja</i>	<i>DMH</i>	<i>Rebecca deKeyser</i>	<i>San Gab. Children's</i>
<i>Camille Do</i>	<i>DMH</i>	<i>Dawn Dades</i>	<i>Social Model Recovery</i>
<i>Elizabeth Townsend</i>	<i>DMH</i>	<i>Nelly Meza-Andrade</i>	<i>SPIRITT</i>
<i>Nancy Uberto</i>	<i>D'Veal</i>	<i>Rachael Riphagen</i>	<i>The Family Center</i>
<i>Michelle Hernandez</i>	<i>ENKI</i>	<i>Elizabeth Owens</i>	<i>Tri-City MH</i>
<i>Windy Luna-Perez</i>	<i>Ettie Lee</i>	<i>Natalie Majors</i>	<i>Tri-City MH</i>
<i>Tammie Shaw</i>	<i>Five Acres</i>	<i>Lisa Tran</i>	<i>Tri-City MH</i>
<i>Tiffani Tran</i>	<i>Five Acres</i>	<i>Joe Bologna</i>	<i>Trinity</i>

WELCOME

Dr. Bertrand Levesque welcomed the group, followed by self-introductions.

REVIEW OF THE MINUTES

The minutes were reviewed and one spelling correction was made. The minutes were accepted by Lisa Tran and seconded by Mary Crosby.

CHANGE OF PROVIDER REPORT

Dr. Levesque disseminated the Change of Provider report for review, and reminded agencies to send their Change of Provider reports to DMH on a monthly basis. Providers who are out of compliance with this process will be contacted by upper management.

QUALITY IMPROVEMENT

Medication Parameters - Several medication parameters have been revised; please review these parameters at your agencies.

Policy Updates – Please see handout and or visit the DMH website for information on updated policies.

Test Calls – Starting June 15, 2014 through June 21, 2014 is the test call week for Service Area 3, please complete test calls and return documents to Mary Crosby.

Access Center – Dr. Levesque reviewed the Access Center call report, which showed overall improvement in call response time. Please see handout for more details.

QUALITY ASSURANCE

State Audit - There has been a modification in the State Audit recurrence frequency. Rather than auditing every 3 years, the State will now hold a review every 2 years.

Documentation Training – Please review the documentation-training schedule (handout). Future documentation trainings will be separated (directly operated /legal entities), and will be tailored to meet specific needs of DOs and LEs. Individuals can continue to register for trainings through learning net.

COS, MAA and TCM – Please see handout titled, “Outreach, Engagement, Linkage, Peer Support in IBHIS”, in order to review a good overview of how to differentiate: COS, MAA, TCM, and QA services, in an electronic system.

Electronic Signatures – Please see letter handout titled, “Electronic Signatures and Electronically signed Records” for reference information on requirements for electronic signatures. Please make sure that your agencies are following all requirements related to electronic signatures.

Certification Bulletin – Presenter: Elizabeth Townsend

Ms. Townsend reviewed the general Certification/Re-Certification requirements, and a specific review of the June 4, 2014 bulletin on Satellite Sites. Below is a list of highlights from the presentation:

- It is important for agencies to remember that the ‘Guide for Pertinent Information’ needs to be completed before the DMH certification liaison goes to your agency for certification.
- Agencies should have a binder with all requested certification documents present at the certification/re-certification visit.
- Agencies should have current versions of all required policies printed, and in an accessible location, available for reference.

Please see handouts for more details on this presentation.

Plan Development Bulletin – Dr. Levesque reviewed the major points from Quality Assurance Bulletin 14-01 on Plan Development, which clarifies the use of plan development across the service domains MHS, TCM, and MSS. Please review the bulletin for further details.

QA Division Updates –

- 1) **Documentation Changes**: Please carefully review the clinical records 2014-01 regarding recent changes to documentation. For additional review please see SA Division Meeting Minutes hand out, which provide an overview of changes.
- 2) **ICARE Assessment**: Please note that AMHD’s must have specific training prior to conduct an the ICARE assessment.
- 3) **Agency QA Process**: Please make sure to have your agencies QA Process documented and available for review by QA division.

QA/QI PROCESS: D’Veal Family and Youth Services

QA Team: The D’Veal Quality Assurance team consists of a QA Manager and four QA staff.

Training: The D’Veal QA team provides all new hire documentation trainings, and all documentation policy/procedure change trainings. Training information is disseminated by memo in addition to live training.

Chart Review: Chart reviews are performed at intake and quarterly thereafter. Chart reviews are logged on a tracking form and monitored for follow-up.

Compliance: Compliance is monitored closely and feedback regarding issues is provided to supervisors, who address the issues with service providers directly.

Information Dissemination: The QA Manager attends all essential meetings and brings pertinent information back to agency management.

August 2014 QA/QI Process Presenter: Heritage Clinic

OTHER ISSUES

Announcements: Prototypes announced that they are hiring for a QA person.

Adjournment: Meeting was adjourned at 11:08

Minutes recorded by: Natalie Majors-Stewart, Tri-City Mental Health

Minutes approved by: Bertrand Levesque, Elizabeth Owens, Gassia Ekizian
Quality Improvement Committee

Next Meeting: The next meeting will be July 16, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.